

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000011250

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: FAMILY PHYSICIAN SERVICES, INC.

**Current Principal Place of Business:**

10278 BUENA VENTURA DR  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

10278 BUENA VENTURA DR  
BOCA RATON, FL 33498

**New Mailing Address:**

FEI Number: 75-2989139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, JOSE CPA  
12839 NW 18 COURT  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSE THOMAS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AYALA, DWIGHT MD  
Address: 10278 BUENA VENTURA DRE  
City-St-Zip: BOCA RATON, FL 33498

Title: V ( ) Delete  
Name: AYALA, MARIANELA  
Address: 10278 BUENA VENTURA DR  
City-St-Zip: BOCA RATON, FL 33498

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DWIGHT AYALA

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date